## DEET AVAUARIE

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 \*

**Application or Docket Number** 

1662-41500(801-7612)

CLAIMS AS FILED - PART I												
<b>∥</b>								SMALL	YTITM		OTHE	R THAN
TOTAL CLAIMS			(Column)		(Column 2)			TYPE	FEE	OR	SMALL	ENTITY
FÒR			NUMBER FILED		NUMBER EXTRA			BASIC FE		4	RATE	FEE
TOTAL CHARGEABLE CLAIMS			128	28		* 18		DASIC FE	3/0.00	OR	BASIC FEE	740.00
INDEPENDENT CLAIMS			7 minus 20=		* (7)			X\$ 9=		OR	X\$18=	37/2
₩—		NDENT CLAIM F	<u> </u>	iiius 5 =	$\varphi$			X42=	<u> </u>	OR	X84=	
* If the difference in column 1 is less than zero, enter "0" in co								+140=		OR	+280=	
						column 2		TOTAL		OR	TOTAL	1082
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	00	OTHER		
4	-	(Column 3)	1 1	JWALL		OR	SMALL					
AMENDMENT A	100	REMAINING AFTER AMENDMENT		PREVIO PAID I	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE,		RATE	ADDI- TIONAL FEE
	Total Independent	. 39	Minus	**	39	=		X\$ 9=	7	OR	X\$18=	1.25
AR		* 3 ENTATION OF M	Minus ULTIPLE DE	PENDENT	CLAIM D			X42=	/	OR	X84=	
					OD AIII			+140=/		OR	<del>1</del> 280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
_		(Column 1)			_							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total Independent	*35	Minus	-30	1	= (1)		X\$ 9=		OR	X\$18=	
AR		NTATION OF MI	Minus JLTIPLE DEI	LTIPLE DEPENDENT CLAIM				X42=		OR	X84≃	
The Brazilia Optivi								+140=		OR	+280=	
								TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE	
					, ,	NUUII. FEEE						
AMENDMENT C	*	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
NO.	Total	*	Minus	#rit		=		X\$ 9=	<u> </u>		X\$18=	FEE
AME	Independent	*	Minus	***		=-	-	X42=		OR		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X84=	
* 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											
						5		- ar are app	obligie 00X	ILI COIL	MA 1.	

FORM PTO-875 (Rev. 8/01)

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